CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  CENTERS FOR MEDICARE & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION MIMBED		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XS) MRF.	TIPLE CONSTRUCTION	FORM APPROV OMB NO. 0938-0 (X3) DATE SURVEY	
Poc#2		i i	A. BUILD	NG	COMP	LETED
		445457	B. WING		С	
NAME OF P	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP COD	07/20/2012	
EAST TE	NNESSEE HEALTH C	· · · · · · ·	1	MADISONVILLE, TN 37354	Σ	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION 1 CROSS-REFERENCED TO THE A DEFICIENCY)	KHOU II DE	(XS) COMPLET DATE
F 441 SS=D	483.65 INFECTION SPREAD, LINENS	CONTROL, PREVENT	F 441			1.
}	The facility must est	ablish and maintain an		483.65 Infection Control	, Prevent	
	saie, sanitary and co	ogram designed to provide a comfortable environment and	:	Spread, Linens		
1	to help prevent the d of disease and infect	evelopment and transmission		SS=F		
<u> </u>	(a) Infection Control	Program ablish an Infection Control	ĺ	Requirement:		
	rrogram under which	1 it -		The facility must estab	hre deil	
[ 41	n me tacility:	rols, and prevents infections	- 1	4 . 4	Control	}
- 10	<ol><li>Decides what pro-</li></ol>	cedures, such as isolation,	-	Program designed to provide		ļ
110	o) ingilitalus a lecok	an individual resident; and of incidents and corrective	ļ	- ·	mfortable	,
a	ctions related to infe	ctions.	j	environment and to help pr development and transmi	event the	,
G.	) Preventing Spread	of Infection	[	disease and infection.	aayon og	
( ) d	When the Infection etermines that a resi	Control Program dent needs isolation to		<u> </u>		
	revent the spread of olate the resident	infection, the facility must		Corrective Action Plan:	ł	
(2	) The facility must no	ohibit employees with a	,	I. a. Resident #4 was in	contact	
;	arritumicable disease	2 Of infected skin legions	1	isolation through 7/18/2		
Un	ect contact will trans	h residents or their food, if	1	of 7/16/2012, treatmen		
(3)	) The facility must re	Duite staff to week their		were open to air as no present. CDC recommo		
) i ia	rio wasning is indica	t resident contact for which ted by accepted	ſ	psychosocial needs be l		·
pre	ofessional practice.	}		for individuals in isolat		
(c)	Linens			wound had no drainage		
∣ Pê İtrai	rsonnel must handle	store, process and prevent the spread of		covered by clothing,		
infe	ection.	- Signatur me Shiesq 01		was brought to commo		
					-44.	
TORY DIR	ECTOR'S OR PROMOTES	URPLIER REPRESENTATIVE'S SIGNATU				
	a hout	THE REPRESENTATIVE'S SIGNATU	RE	TITLE		6) DATE

iny deficiency statement ending with an esterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that allowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings stated above are disclosable 90 days lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

Fund III- 614 thes

DEP/ CENT	ARTMENT OF HEALTH	AND HUMAN SERVICES					PRINTE	ED: 07/26/20	
CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.			(X2) N		IPLE CONSTRUC	OMB NO		RM APPROVI 10. 0938-03	
- Constant Town		A.		A BUILDING			(X3) DATE SURVEY COMPLETED		
NAME O	E Sport to an	445457	8. Wil	NG_	<del></del>	<del></del>		C 7/20/2012	
	F PROVIDER OR SUPPLIER			STE	REET ADDRESS	CITY, STATE, ZIP CODE	1 01	12012012	
EAST	TENNESSEE HEALTH C	ARE	i	4	65 ISBILL RD	E, TN 37354			
(X4) (C PREFE	SUMMARY STA	TEMENT OF DEFICIENCIES				DER'S PLAN OF CORRECT			
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFI TAG		EACH (	CORRECTIVE ACTION SHOWN	II D RE	COMPLETIO DATE	
F 44	1 Continued From pag	ge 1	F4	41	b. Resi	dent # 6 required C	Contact		
	This REQUIREMEN	This REQUIREMENT is not met as evidenced			Isola	lation for shingles, ras		1	
	) by:				visib	le during antiviral 11	herapy		
	facility policy review	ecord review, observation, review of Infection Control		-	reve	A -	aining	1	
	Trop, and interview. H	1e facilify failed to maintain	1		lesio	V-1110 V-40100			
	I unection couttol bisc	DOS for two recidents /#/	1		bedik	ound and did not	enter	İ	
	TO III CONTACT ISOIATIO	on of six residents reviewed.	}			ion areas.		}	
	The findings included					nistrator inserviced 7/18/2012 on Infe	DON ection		
Resident #4 was admitted to		ed to the facility on June	1			ol policy, Hand Hy			
	15, 2009, with diagno Depression.	ses of Dementia, and	]	- [	Policy	, and Precautions Pol	liev		
		Depression.			d. DON	inserviced all state	ff to		
	Medical record review	v of a microbiology report vealed, "Source;				e Floor Technician #			
	I govern and a 'Solia' Lib		ł		Floor	Technician #2, and	CNA		
woundCollected: Jui		ly 6, 2012Organisms Resistant Staphylococcus	[	].		CNA #2 on 7/18/		,	
	aureus (MRSA)"	registerit Stabilylococcus		-	regard		zuiz ntrol		
	Review of the takens	Politinu of the tart			polidy.	Hand Hygiene Po	ngor		
	2012, revealed " (Re	Review of the Infection Control Log dated July 2012, revealed, "(Resident #4)infection type			and		licy,		
	skinorganism MRSA	"		1	Additio			İ	
	Observation on July 18, 2012, at 1:00 p.m., in the			ŀ		ted on 7/18/2012	and	}	
	front lobby, revealed re	3, 2012, at 1:00 p.m., in the			7/19/20	112 to include all s	toff		
	wheelchair,	sident #4 sitting in a		1	A follo	w up inservice will	l he		
	Observation is a	honnata a cara		1	conduct	ted on 8/15/2012.	l DE		
	2012 at 1:20 p.m. min	bservation of resident #4's door on July 18,				pletion date; 8/15/2	012	8/15/2012	
	2012, at 1:20 p.m., revealed a sign, "Co Isolation in addition to Standard Precaution				2. The fac	ility has determined			
visitors - Report to Nurse		Sest Station Refere		ļ	all resid	ients have the poten	itial		
1	Entering Room Before	Care wear dove when i			to be aff		 		
[ ]	- испий годи прецед	entering roomperform hand hygiene"			a. Aud	lits were comple	ted		
10	Observation on July 18.	bservation on July 18, 2012, at 1:30 p.m., on le 100 hallway, revealed Floor Technician #1				7/2012 of infect		İ	
1	he 100 hallway, reveale					rol report to determ			
			1	1		s for inclusion		İ	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FRINTED: 07/23/2012 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE  IDENTIFICATION NUMBER:  A BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  465 ISBILL RD  MADISONVILLE, TN 37354	CENTE	TO FOR MEDICARE	& MEDICAID SERVICES				บองหาบงอ
PASS TENNESSEE HEALTH CARE  EAST TENNESSEE HEALTH CARE  STREET ADDRESS, CITY, STATE, ZIP CODE 465 ISBILL RD MADISONVILLE, TN 37354  PREFEX TAG  FREFX TAG  Continued From page 2 rolling resident #4 in a wheelchair and entered resident #4's room, covered the resident #1 entered resident #4's room, covered the resident #1 entered resident #4's room, covered the resident #1 entered resident #4's room, covered the resident #1 entered resident #1 e	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•		(X3) DATE SURVEY	
EAST TENNESSEE HEALTH CARE  (AS) ID SUMMARY STATEMENT OF DEPOSITIONS (SIGNARY STATEMENT OF DEPOSITIONS OF MADISONVILLE, TN 37354  (ASCH DEPOSITION YOUR LSC IDENTIFYING INFORMATION)  FREIGH (ASCH DEPOSITION YOUR LSC IDENTIFYING INFORMATION)  FA441  Continued From page 2 rolling resident #44 in a wheelchair and entered resident #44's room. Continued observation revealed Floor Technician #1 entered resident #44's room, covered the resident with a blanket from the resident foor Technician #1 entered resident #45's room, covered the resident with a blanket from the resident foor Technician #2 rolled resident #44's roommate in a wheelchair and entered resident #44's roommate in a wheelchair and entered resident #45's room, continued observation revealed Floor Technician #2 rearranged resident #45's room, continued observation revealed Floor Technician #2 rearranged resident #45's room, opened the biohazard gray solded linen barrel without donning gloves, exited the isolation room, prepared another residents for medications, and administered the medications without washing the hands.  Observation on July 18, 2012, at 1:55 p.m., on the 100 hallway, revealed Registered Nurse (RN) #1 entered resident #45's room, opened the biohazard gray solded linen barrel without donning gloves, exited the isolation room, and failed to wash the hands.  Observation on July 18, 2012, at 2:25 p.m., on the 100 hallway, revealed the lisolation room, and failed to wash the hands.  Observation on July 18, 2012, at 2:25 p.m., on the 100 hallway, revealed the lisolation room, and failed to wash the hands.  Observation on July 18, 2012, at 2:25 p.m., on the 100 hallway, revealed the lisolation room, and failed to wash the hands.  Observation on July 18, 2012, at 2:25 p.m., on the 100 hallway, revealed the lisolation room, and failed to wash the hands.				B. WING		l .	
F 441 Continued From page 2 rolling resident #4 in a wheelchair and entered resident #4 is room. Continued observation revealed Floor Technician #2 rolled resident #4's room. Continued observation on July 18, 2012, at 1:35 p.m., on the 100 hallway, revealed Floor Technician #2 rearranged resident #4's room, opened the biohazard gray soiled linen barrel without donning gloves, exited the isolation room, and faited to wash the hands.  Observation on July 18, 2012, at 2:25 p.m., on the 100 hallway, revealed resident #4's room, opened the biohazard gray soiled linen barrel without donning gloves, exited the isolation room, and faited to wash the hands.  Observation on July 18, 2012, at 2:25 p.m., on the 100 hallway, revealed the lorector of Nursing (DON) entered resident #4's room, opened the biohazard gray soiled the location room, and faited to wash the hands.		ENNESSEE HEALTH C		1 .	465 ISBILL RD		20/2012
rolling resident #4 in a wheelchair and entered resident #4's room. Continued observation reversated Floor Technician #1 entered resident #4's room, covered the resident with a blanket from the resident's bed, and exited the room without washing the hands.  Observation on July 18, 2012, at 1:35 p.m., on the 100 hallway, revealed Floor Technician #2 rearranged resident #4's room mate in the room, and exited the room without washing the hands.  Observation on July 18, 2012, at 1:55 p.m., on the 100 hallway, revealed Registered Nurse (RN) #1 entered resident #4's room, opened the biohazard gray solled linen barrel without donning gloves, exited the isolation room, and failed to wash the hands.  Observation on July 18, 2012, at 2:25 p.m., on the 100 hallway, revealed Certified Nurse Assistant (CNA) #1 entered resident #4's room, opened the biohazard gray solled linen barrel without donning gloves, exited the isolation room, and failed to wash the hands.  Observation on July 18, 2012, at 2:25 p.m., on the 100 hallway, revealed Certified Nurse (RN) #1 entered resident #4's room, opened the biohazard gray solled linen barrel without donning gloves, exited the isolation room, and failed to wash the hands.	PREFIX		MUST RE PRECEDED BY 61111	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	M# ORE	(X5) COMPLETION BATE
hands.	t Ott A o was Ott (I b gal	rolling resident #4 in resident #4's room. revealed Floor Tech #4's room, covered from the resident's had without washing the Observation on July the 100 hallway, revealed resident #4's not entered resident #4's nother resident resident; resident's roommate room without washing the 100 hallway, revealed gloves, exited the isolanother resident's method hallway, revealed the biohazard gray soiled another resident's method hallway, revealed the biohazard gray soiled the 100 hallway, revealed the biohazard gray soiled in failed to wash the 100 hallway, revealed the biohazard gray soiled in 100 hallway, revealed the properties of the soile another residents residents room the residents residents room the residen	a wheelchair and entered Continued observation nician #1 entered resident the resident with a blanket red, and exited the room hands.  18, 2012, at 1:35 p.m., on realed Floor Technician #2 room. Continued Floor Technician #2 room. Continued Floor Technician #2 room, and exited the in the room, and exited the in the room, and exited the gifthe hands.  18, 2012, at 1:55 p.m., on aled Registered Nurse (RN) 4's room, opened the linen barrel without donning ation room, prepared wit washing the hands.  8, 2012, at 2:15 p.m., on reled Certified Nurse red resident #4's room, gray soiled linen barrel s, exited the isolation room, hands.  3, 2012, at 2:25 p.m., on reled the Director of Nursing rights room, opened the inen barrel without donning rights room, opened the inen barrel without donning rights room, and entered resident without donning rights room, and entered resident room, and entered resident room, and entered resident without donning rights room, and entered resident room, an	F 441	b. DON, ADON, or de will inservice all statime isolation require are deemed necessar isolation deemed necessarisolation deemed necessarisolation deemed necessarisolation deemed necessarisolation precautions precautions precautions, handwashing for 3 monocedures, isoprecautions, handwashing for 3 monocedures are facility's Patient Car Services Team serves as Facility's infection of committee. All infections/order antibiotics, occupational expossiblood, body fluids, or potentifications materials are discussed ally (M-F) in morning QA metals are implementation of corresponding ensure implementation of corresponding are discussive implementation of corresponding are implementation of corresponding are implementation of corresponding are discussed implementation of corresponding are discussed implementation of corresponding are discussed implementation of corresponding are discussed in the committee is responsible ensure implementation of corresponding are discussed in the committee is responsible ensure implementation of corresponding are discussed in the committee is responsible ensure implementation of corresponding are discussed in the committee is responsible ensure implementation of corresponding are discussed in the committee is responsible ensure implementation of corresponding are discussed in the committee	eff, any ements ry. If essary, t will cing to with utions. will control olation and onths.  re and the control ers for ures to ntially cussed exting. ole to rective	

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07/20/2012

COMPLETION

DATE

2012-07-24 10:53 DC0547PM13501 8652125642 >> 4234424465 P 7/9 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/28/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A BUILDING 445457 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE EASY TENNESSEE HEALTH CARE 466 ISBILL RD MADISONVILLE, TN 37354 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION n PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 441 | Continued From page 3 F441 committee is also responsible for Resident #6 was admitted to the facility on monitoring staff performance as it November 16, 2011, with diagnoses including relates to infection control policies Severe Dementia, and Decubitus Vicer. and procedures. All residents require Medical record review of a Physician Telephone standard precautions. However. Order dated July 12, 2012, revealed, "...Isolation may require additional precautions until areas resolved..." precautions depending on clinical Medical record review of a nurse's note dated conditions. All staff July 15, 2012, at 12:00 p.m., revealed, "...cont trained/inserviced on proper (continue) on acyclovir for shingles...\* technique for hand washing, laundry Observation of resident #6's door on July 18, practices, food handling, disposal of 2012, at 1:50 p.m., revealed a sign, "...Contact environmental and patient waste and Isolation in addition to Standard Precautions visiting rules in reference Visitors - Report to Nurses' Station Before Entering Room Before Care...wear gloves when Infection Control and Isolation entering room...perform hand hygiene...\* Precautions upon hire and at a Observation on July 18, 2012, at 1:45 p.m., on minimum of annually. the 200 halfway, revealed CNA #2 entered ADON, or designee will inservice all resident #6's room without donning a gown, staff, any time isolation requirements Continued observation revealed CNA #2 exited the room after performing personal care to are deemed necessary. If isolation resident #6. deemed necessary, shift to shift report will include all staff working Interview with CNA#2 on July 18, 2012, at 1:48, to ensure compliance with isolation on the 200 hallway, confirmed no gown had been worn when personal care had been provided to precautions. Monthly inservices will the resident reflect Infection control

gown to enter room..."

Review of Contact Precautions placed on residents door revealed, "...before care...wear

Review of the facility's policy Precautions, dated October 2011, revealed, "...Contact Precautions procedures, isolation precautions,

and handwashing for 3 months,

Completion date: 11/1/2012

4234424465

2012-07-24 10:53 DC0547PM13501 8652125642 >> 4234424465 P 8/9 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO, 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED a, building B. WING 445457 07/20/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, SYATE, 219 CODE 465 ISBILL AD EAST TENNESSEE HEALTH CARE MADISONVILLE, TN 37354 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) ID PREFIX COMPLETION TAG TAG F 441 | Continued From page 4 The Assistant Director of are designed to reduce the risk of transmission Nursing or designee will review of...microorganisms by...indirect contact...Indirect orders for antibiotics, when contact transmission involves contact of a susceptible host with a contaminated electronic completing the daily intermediate object in the patient's infection control program. This environment...wear gloves whenever touching report is used for monitoring trends articles in close proximity to the patient..." and action to prevent infections in Review of the facility's policy Infection Control, facility. Monthly reports are printed General, dated January 2011, revealed, "... Hand and reviewed during QA washing is the single most important measure...use of gloves, face shields and gowns Meeting. as indicated..." b. DON, ADON, or designee will do Review of facility's policy Hand Hygiene, dated handwashing checks August 2010, revealed, "... Hand hygiene is the random simplest, most effective means of infection beginning 8/1/2012. control...hand hygiene must be performed at a minimum...before and after each patient Completion date: 8/31/2012. contact..." Bimonthly Interview with the DON on July 18, 2012, at 3:48 reviews p.m., in front office, confirmed all employees are handwashing and checkoffs to ensure to wash or sanitize hands between contact with compliance is met for three months. the residents and follow facility policies and procedures for isolation. Completion date: 11/1/2012 Interview with the Administrator on July 19, 2012, d. The Infection Control Committee at 11:10 p.m., in the Social Service Office. will conduct random rounds to confirmed the facility falled to follow infection ensure Infection Control Protocol

control practices.

C/O#30135

compliance is maintained for six (6)

weeks. Findings will be reported in

Completion date: 9/15/2012

the morning QA meeting.